



**Georgia State Board of Hearing Aid Dealers and Dispensers**  
237 Coliseum Drive, Macon, Georgia 31217-3858  
Phone (478) 207-2440, [www.sos.state.ga.us/plb/hearingaid](http://www.sos.state.ga.us/plb/hearingaid)

**APPLICATION FOR HEARING AID APPRENTICE PERMIT**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of hearing aid dealers and dispensers in the State of Georgia. Visit the Board's website for information.

**\*\*Important\*\***

***The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year.***

**Application Checklist \* Fee must be submitted with application**

- ☐ **NOTARIZED APPLICATION:** The three-page application must be mailed to the Board's office at the address listed above, along with your **NON-REFUNDABLE** fee. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion.
- ☐ **REQUIRED EXAMINATIONS:** All applicants are required to pass **the Audiogram, Jurisprudence (Laws & Rules) and Practical Exams IN ORDER TO BE ISSUED AN Apprentice Permit. You must apply to be made eligible to sit for these exams.** For full licensure as a dispenser, you will be required to also pass the ILE national exam.

**NOTE:** The **Audiogram and Georgia Jurisprudence (Laws & Rules) and Practical Exams** will be administered by an outside vendor, PSI. The exam fees are to be paid directly to the vendor, not the Board. Please visit the PSI website for information regarding the exams they will be administering: [www.psiexams.com](http://www.psiexams.com)

IHS administers the national **ILE Exam**. Please visit the IHS website @ [www.ihsinfo.org](http://www.ihsinfo.org) for more information.

- ☐ **SECURE AND VERIFIABLE DOCUMENT** (See pages 6 & 7)
- ☐ **PROOF OF SUPERVISION BY A GEORGIA LICENSED DISPENSER:** Supervisor's Dispenser's Statement on the application must be completed by a Dispenser with a current license to practice in Georgia.
- ☐ **PROOF OF SPONSORSHIP BY A GEORGIA LICENSED DEALER:** Georgia Dealer's Statement on the application must be completed by a Dealer with a current license to practice in Georgia.
- ☐ **LICENSURE IN ANOTHER STATE OR JURISDICTION:** All licensure, current or not, in another state or jurisdiction must be verified directly to the Georgia Board by the issuing entity. May be e-mailed to: [verifications@sos.ga.gov](mailto:verifications@sos.ga.gov), or mailed to the GA Board. Page 9 of this application is a Board form for verification of a license that may be used by the issuing entity verifying licensure for you to the GA Board.

Suggested examination references/study guides are available by calling NIHIS at 734-522-7200 to order the following:

- ◆ Distance Learning for Professionals in Hearing Health Sciences
- ◆ Supplemental to the Training Manual
- ◆ Hearing Instrument Science and Fitting Practices II
- ◆ Masking: Practical Applications of Masking Principles and Procedures II
- ◆ Hearing Instrument counseling: Practical Applications for Counseling the Hearing Impaired

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

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**APPLICATION FOR HEARING AID APPRENTICE DISPENSER  
 BY EXAMINATION**

**Application Fee \$100.00 (NON-REFUNDABLE)**

*Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.  
Applications valid for (1) one year*

**PART I – PERSONAL INFORMATION**

1. Name \_\_\_\_\_  
                     Last                            First                            Middle                            Maiden  
 Name as shown on exam records or transcripts (if different):

\_\_\_\_\_

Last                            First                            Middle                            Maiden

2. \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male ( ) Female ( )  
 \* Social Security Number

*\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001.*

3. Physical Address \_\_\_\_\_  
                                     Number and Street            Apt. No            City/State            Zip

*P.O. Box not acceptable – If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.*

4. Mailing Address \_\_\_\_\_  
 (If different)                      Number and Street (P.O. Box OK)      Apt. No                      City/State                      Zip

5. \_\_\_\_\_  
     Telephone Number Day                      Telephone Number Evening                      Cell Phone Number

6. E-Mail Address \_\_\_\_\_

*Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.***

☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

**PART II – EDUCATION**

College or University \_\_\_\_\_

Date/Degree \_\_\_\_\_ Major \_\_\_\_\_

**PART III – BACKGROUND INFORMATION**

1. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

( ) **\*\*\*Yes** ( ) **No**

\*\*\*If “yes,” please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

\*\*\*In addition, if you have answered yes to the arrest question, you must print out the “Background Investigation Consent” form and submit it with your application.

2. Have you ever had any restrictions as a Medicaid or Medicare provider?

( ) **Yes** ( ) **No**

3. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any board or agency in Georgia or in any other state? ( ) **Yes** ( ) **No**

4. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?

( ) **Yes** ( ) **No**

5. Have you ever held a license to dispense hearing aids in Georgia?

( ) **Yes** ( ) **No** If yes, license # \_\_\_\_\_

Name on License: \_\_\_\_\_; if yes, status of license: \_\_\_\_\_

6. Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition? ( ) **Yes** ( ) **No**

(If yes, attach a letter of explanation and any supporting documents regarding the condition.)

7. To your knowledge, are you the subject of an investigation by any hospital, insurance provider or agency in Georgia or in any other state? ( ) **Yes** ( ) **No**

If yes, attach an explanation and have official documents sent to Board office.

If you answered yes to any of the questions above, please attach a notarized explanation and submit official documents to the Board, and if yes to #1 submit copy of court’s final disposition directly to Board office.

## **Affidavit Regarding Citizenship**

*Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.*

Print Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 6 & 7 of this application.**

2) \_\_\_\_\_ I am **not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 6 & 7 of this application).**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

Signature of Applicant \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF \_\_\_\_\_, 20\_\_\_\_\_

*Notary Seal*

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

## **Supervising Dispenser's Statement**

I hereby certify that I will be the Georgia licensed supervising Hearing Aid Dispenser of the below named applicant and will insure that the applicant complies with the Georgia laws and Board rules while dispensing hearing aids, until such time as the applicant becomes a licensed dispenser or the State Board has been notified that I withdraw as their supervisor.

Print Applicants Name: \_\_\_\_\_

Print Supervising Dispensers Name: \_\_\_\_\_

Dispensers Signature \_\_\_\_\_ License # HADS \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

My Commission Expires \_\_\_\_\_

## **Supervising Dealers Statement**

I hereby certify that the above named applicant is capable of making tests and applying the techniques required to dispense hearing aids in accordance with the Laws and Rules of the Georgia State Board of Hearing Aid Dealers and Dispensers.

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Dealer's Signature \_\_\_\_\_ Dealer's License # \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

My Commission Expires \_\_\_\_\_



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### **VERIFICATION OF LICENSURE**

The **Verification of Licensure** form should be sent to **ALL states in which you hold a license.** (You can make additional copies of the form if necessary). The licensing agency for other state can mail the completed form(s) directly to our office: Georgia Board of Hearing Aid Dealers and Dispensers, 237 Coliseum Drive, Macon, Georgia 31217, or fax to 866-888-7127 or send via e-mail to [ExamBoards-Healthcare@sos.state.ga.us](mailto:ExamBoards-Healthcare@sos.state.ga.us), ATTN: HADD.

The licensing entity may use their own forms or generated verification versus the Board form if desired.

#### **PART I – APPLICANT**

I \_\_\_\_\_, hereby authorize the state of \_\_\_\_\_ to furnish to the Georgia Board of Hearing Aid Dealers and Dispensers the information requested below.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
License No.

Applicants do not write below this line. Applicants must forward to state verifying license.

#### **PART II – STATE AGENCY**

**LICENSING AGENCY:** *The above applicant has applied for a license to practice in Georgia. Please furnish the Georgia Board the following information AND mail to:*

**Georgia Board of Hearing Aid Dealers and Dispensers \* 237 Coliseum Drive \* Macon, Georgia 31217-3858**

Name of Licensee: \_\_\_\_\_ License Number \_\_\_\_\_

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Grandfather Clause

If by exam, please indicate the examination administered to applicant: \_\_\_\_\_

Issue Date: \_\_\_\_\_ License Status: ☐ Current Expiration date: \_\_\_\_\_

☐ Inactive Date of last renewal: \_\_\_\_\_

☐ Lapsed Date of last renewal: \_\_\_\_\_

Have all continuing education requirements been met? ☐ YES ☐ NO

Has the license ever been encumbered in anyway? (Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation, Etc.) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes ( ) No ( )

**\* Please provide details, including copies of any documents with status of investigations.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ State Board \_\_\_\_\_

Telephone # (\_\_\_\_) \_\_\_\_\_

(Board Seal)